

U.S. Department of Health and Human Services  
Public Health Service

## Information and Instructions for Completing Statement of Appointment (Form PHS 2271)

The PHS estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6701 Rockledge Drive MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0001). **Do not return the completed form to this address.**

### I. Introduction

Please read carefully the following instructions, including the Privacy Act statement at the end of these instructions, for use and submission of Form PHS 2271.

All items on the form must be completed unless otherwise indicated in these instructions. Items not found in these instructions are considered self-explanatory.

### II. General Instructions

#### A. Application

A "Statement of Appointment" form covers the support of an individual from a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a PHS institutional training grant or salary as an appointee under a career development program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or in the case of an amendment, as soon as the change occurs.

For new postdoctoral trainees appointed under National Research Service Award Institutional Grants a signed and dated payback agreement must be submitted with this appointment form before a stipend or other allowance may be paid.

#### B. Submission

The original should be sent to the awarding component. A copy should also be given to the trainee, the Program Director, and Business Official.

### III. Item-by-Item Instructions

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03. (Type: 5; Activity Code: T32; I/D Serial Number: GM12453-03).

**Item 2. Trainee's Name.** Include maiden name or other names in parentheses where applicable.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.** Reappointment: When an individual was supported during a previous budget period under this grant, the appointment covered by this form is a reappointment. Skip the shaded items if they have not changed from the information provided in the form submitted during the earlier budget period. Always complete the nonshaded items.

Amendment: "Amendment" pertains only to a change of item 2 (Name); 10 (Permanent Mailing Address); 12 (Appointment Period); or 17 (Support from this Grant) during a period of appointment for which a "Statement of Appointment" form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only items 1, 2, 4, 6, 19, 20, and the item(s) to be amended.

**Item 5. Prior Support.** Individuals being appointed under a National Research Service Award (NRSA) Institutional Grant for the first time or being reappointed after a break in support must indicate if they have received prior NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

Individuals being appointed under other authorities are requested to supply similar information for PHS program evaluation purposes.

**Item 6. Social Security Number.** See Privacy Act Statement at the end of these instructions concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** The named individual must be a citizen or noncitizen national of the United States or have

been lawfully admitted for permanent residence at the time of appointment. A noncitizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They are generally persons born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g. American Samoa). Individuals on temporary or student visas are not eligible.

**Permanent Resident:** A notary’s signed statement must be submitted with this appointment form certifying that (1) the appointee has an Alien Registration Receipt Card (I-151 or I-551, see line 26, page 4) or (2) the appointee is in possession of other legal verification of such status. No statement is required for citizens or noncitizen nationals.

**Item 9. Race/Ethnicity.** The Federal Government has a continuing commitment to monitor the operation of its review and award process in addition to monitoring appointments made to training grants and other awards. This information will be used to identify inequities in terms of recruitment and retention based on race and/or ethnicity. This information will also be used to provide statistical information on the participation of individuals from the indicated racial/ethnic groups in PHS programs. Racial/ethnic data is encrypted and all analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

Information from this form will be retained by the PHS as an integral part of its Privacy Act Systems of Records in accordance with and protected by the Privacy Act of 1974. These are confidential files accessible only to appropriate PHS personnel and will be treated as confidential to the extent permitted by law. (See Privacy Act Statement at the end of these instructions concerning this request.)

If you decline to provide this information, it will in no way affect your appointment. Any individual not wishing to volunteer the information should insert the code “0.”

Which category best describes your racial/ethnic status? Insert one code in the space provided on the form.

Code	Description
1	American Indian or Alaskan Native
2	Asian (not a Pacific Islander)
3	Black (not of Hispanic origin)
4	Hispanic
5	White (not of Hispanic origin)
6	Pacific Islander
0	Use this code if you would prefer not to provide this information.

**Definitions:**

*American Indian or Alaskan Native:* A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

*Asian:* A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Indonesia, Japan, Korea, and Vietnam.

*Black* (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.

*Hispanic:* A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

*White* (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North America, or the Middle East.

*Pacific Islander:* A person having origins in any of the original peoples of Hawaii; the U.S. Pacific Territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory of Palau; the islands of Micronesia and Melanesia; or the Philippines.

**Item 10. Permanent Mailing Address.** Give an address where the appointed individual can be reached by mail after completion of the program. (Do not give present address unless it is permanent as defined above).

**Item 11. Discipline, Specialty, or Field.** (Specify scientific field of training/career development under this grant.

**Item 12. Period of this Appointment.** The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS. Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.

**Item 13. Self-explanatory.**

**Item 14. Speciality Boards.** If not applicable, indicate N/A.

**Items 15-16.** Provide the degree sought under the NRSA award. Include the date that all degree requirements will be completed.

**Item 17. Support for Period of Appointment.** Indicate the total amounts you expect to receive from the grant during the appointment period.

**Item 18. Statement of Nondelinquency on Federal Debt.** A “Statement of Nondelinquency on Federal Debt” is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a Public Health Service (PHS) institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed. Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the

payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- For the **direct loans and fellowships** (whether awarded directly to the applicant by the Federal Government or by

an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes "service" payback under a National Research Service Award.)

- For **guaranteed and insured loans**, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- For **grants**, organizations in receipt of a "Notice of Grants Cost Disallowance" which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an "appeal" status.)

**Item 19. Certification and Signature of Trainee.** Self-explanatory.

**Item 20. Certification, Signature, and Address of Program Director.** Self-explanatory.

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## Supplemental Instructions for Research Supplements for Minority Investigators Under the Initiative for Underrepresented Minorities in Biomedical Research

Form PHS 2271 is generally used for National Research Service Award (NRSA) and career development programs. The information to be collected on this form is being requested to assist in postaward management, and in the evaluation of the Initiative for Underrepresented Minorities in Biomedical Research.

This form should be completed and submitted with the request for supplemental funding. All items should be completed according to the original instructions unless described below:

**5. Prior Support.** Answer "yes" and complete this item only if prior support was provided under the National Research Service Award (NRSA) program.

**12. Period of this Appointment.** The period shown will range from 3 to 12 months. A single period of appointment will not exceed 12 months, and will coincide with the budget period of the research grant from which support is being provided.

**17. Support for Period of Appointment.** Do not complete.

## Privacy Act Statement

The Public Health Service requests this information pursuant to statutory authorities contained in Section 405(a) and 487 of the Public Health Service Act, as amended (42 USC 284(b)(1)C and 288), and other statutory authorities (42 USC 242(a), 280(b)(4), and 29 USC 670). The information collected will assist in activating the award and facilitate postaward management and evaluation of PHS programs. Although providing the information is voluntary, an individual may not receive support from the grant until the form is submitted. The social security number is requested to provide a reliable identifier that will assist in establishing an accurate and complete record for each individual. It is particularly useful in maintaining effective communication with those individuals who have incurred payback obligations through their participation in the National Research Service Award program. Failure to provide the social security number may seriously diminish PHS's capability to credit the account of the proper trainee who is fulfilling the payback requirement by either acceptable service and/or monetary repayment. Failure to provide the social security number will not be a basis for withholding benefits.

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, "Grants and Cooperative Agreements: Research, Research Training, Fellowship and Construction Applications and Related Awards." The Privacy Act of 1974 (5 USC 552a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter.
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in

such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.

- a. the DHHS, or any component thereof;
  - b. any DHHS employee in his or her official capacity;
  - c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
  - d. the United States or any agency thereof, where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
- a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
  - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to privacy of the individual that additional exposure of the record might bring;
  - c. has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and
  - d. has required the recipient to:
    - (1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
    - (2) Remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
    - (3) Make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).



Department of Health and Human Services  
Public Health Service**Statement of Appointment***Please use typewriter**Please Note:* See instruction sheet and follow carefully. Complete and submit this form at the time individual enters the program, is reappointed, or the reported appointment is amended. (See definitions on instruction sheet.) Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, a signed and dated payback agreement must accompany this form.

1. PHS GRANT NUMBER Type      Activity      I/D Serial No.			2. TRAINEE'S NAME ( <i>Last, first, initial</i> )		3. SEX <input type="checkbox"/> F <input type="checkbox"/> M	
4. TYPE OF ACTION ( <i>Check one type</i> ) <input type="checkbox"/> NEW appointment ( <i>NOT previously supported by this grant</i> ) <input type="checkbox"/> REAPPOINTMENT ( <i>Previously supported by this grant</i> ) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 17			5. PRIOR SUPPORT ( <i>Individual or institutional</i> ) <input type="checkbox"/> NO <input type="checkbox"/> YES ( <i>If "Yes," see instructions</i> )			
6. SOCIAL SECURITY NO.		7. BIRTHDATE ( <i>Month, day, year</i> )		8. CITIZENSHIP ( <i>See instructions</i> ) <input type="checkbox"/> U. S. Citizen or U. S. Noncitizen National <input type="checkbox"/> Permanent Resident of U. S.		9. RACE ( <i>See instructions</i> )
10. PERMANENT MAILING ADDRESS			11. DISCIPLINE, SPECIALTY, OR FIELD			
			12. PERIOD OF THIS APPOINTMENT ( <i>Month, day, year</i> )			
13. EDUCATION—AFTER HIGH SCHOOL ( <i>Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.</i> )						
(a) Name of Institution, Department, and Location			(b) Month and Year Attended		(c) Degree(s) Received	
			From	To	Degree	Mo. & Yr.
14. NAMES OF SPECIALTY BOARDS			17. SUPPORT FOR PERIOD OF APPOINTMENT			
			Type		Total for This Grant ( <i>Omit cents</i> )	
15. DEGREE SOUGHT			Stipend/salary		\$	
			Tuition/fees ( <i>estimated</i> )			
16. COMPLETION DATE			Travel ( <i>estimated</i> )			
			TOTAL			
18. STATEMENT OF NONDELINQUENCY ON FEDERAL DEBT. Is the trainee delinquent on the repayment of any Federal debt(s)? <input type="checkbox"/> NO <input type="checkbox"/> YES ( <i>If "Yes," please explain below. Use additional pages if necessary.</i> )						

19. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		(a) SIGNATURE OF TRAINEE	(b) DATE
20. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.		(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE
(c) TYPED NAME OF PROGRAM DIRECTOR		(d) NAME, ADDRESS, AND PHONE NO. OF INSTITUTION ( <i>Street, city, state, zip code</i> )	
(e) SCHOOL	(f) DEPARTMENT		